APPENDIX I - PEST MANAGEMENT ALLIANCE GRANT INVOICE

(To insure prompt payment, please reference the instructions on the following page)

| (12) | - Supplemental |
|------|-----------------|
| | - Final Invoice |

| From: | | To: | | | | |
|--------------------------------|----------------------------|---|------------------|---------------|--------------------------------|---|
| | | | | | Frant Agreement No: | |
| | | | | | iance Grant Award: | |
| | | | | | Index/PCA Number | |
| | | | | 1 (| Grantee Invoice No.: | |
| | | | | | 2 Billing Period: | |
| | | | | | 3 Date: | |
| | | | | | | T |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Line Items | Grant Allotment - | Previous | Current | Tot xp itui | % of Line Item | Remaining Grant |
| | Master | Expenditures to Date | Expenditures |) I | Spent to Date | Funds Per Line Item |
| | | | | | 8 ÷ 5 = % | 5 - 8 = 10 |
| Personnel Services | | sop | | | | |
| Operating Expenses | | 0 | | | | |
| Travel | | | | | | |
| Contracts | |)0 | | | | |
| | | \square \square \square \square | | | | |
| | | | | | | |
| | | H / | | | _ | |
| | | | | <u> </u> | + | <u> </u> |
| DIRECT COSTS | \$0.00 | \$0.00 | | | | |
| OVERHEAD COSTS | \$0.00 | | | | <u> </u> | |
| TOTAL COSTS | \$0.00 | \$0.00 | \$0.00 | | | |
| | - | 1 | 11) Total Amount | | 100/ \$\$7:41 | hald (Datantian) |
| FOR ANALYST USE ONLY | <u>Y</u> | | Requested This | | | held (Retention) n full until ninety (90) percent |
| Date Received From GM | | | Invoice | | of the grant award amou | unt has been disbursed to the |
| Date to Accounting | | | | | | d funds are eligible for release only after the Grant Manager e final report. |
| | | I | | | | |
| Grantee Principal Investigator | or Designated Representati | ve Date | | Grant Manager | | Date |

By signing this invoice I certify, under penalty of law, that this document and any attachment was prepared by me or under my direction in accordance with the terms and conditions of each Grant Agreement Exhibit and, to the best of my knowledge and belief, is accurate and complete. I am aware that there are significant penalties for submitting false or misleading information.

Grant Manager

I certify this invoice, to the best of my knowledge and belief, is accurate and complete and I approve this invoice for payment.

Instructions for Grant Program Invoice

- **Grant Invoice Number:** Assign a sequential invoice number, for example: 07-001, 07-002, 07-003
- **Billing Period:** Enter the Billing Period for work performed, such as March 31, 2008, June 30, 2008, September 30, 2008, or December 31, 2008.
- 3 **Date:** Enter the Date the invoice was prepared.
- 4 Line Items: As presented in the "Urban Pest Ant Management" proposal.
- **⑤ Grant Allotment:** Amount of dollars available by line item.
- **6** Previous Expenditures to Date: Updated each billing cycle by the Alliance Grant Analyst based on prior approved invoices.
- **Order of Expenditures:** Enter the current expenditures for this billing period.
- **8** Total Expenditures to Date: Automatically calculates current and previous expenditures.
- **9** % of Line Item Budget Spent to Date: Automatically calculates the percentage of funds spent for each line item.
- (10) Remaining Grant Funds Per Line Item: Automatically calculates remaining funds for each line item.
- 1 Total Amount Requested This Invoice: Automatically totals all current expenditures from each line item.
- ② Supplemental Invoice: Check this box when submitting an invoice for a prior billing period.
- (3) Final Invoice: Check this box when submitting the final invoice.